

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:  
01-003

2. STATE  
IDAHO

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE  
JANUARY 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  
42 CFR Sections 435.1005 and 435.1006;  
Section 1917 of the Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$344,263  
b. FFY 2002 \$ 72,629

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Supplement 1 to attachment 2.6-A, page 5;  
Supplement 6 to attachment 2.6-A, pages 1 and 1.b;  
Supplement 13 to Attachment 2.6-A.  
Attachment 2.2-A, Page 20

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):  
Supplement 1 to attachment 2.6-A, page 5;  
Supplement 6 to attachment 2.6-A, pages 1 and  
1.b; Supplement 13 to Attachment 2.6-A.  
Attachment 2.2-A, Page 20

10. SUBJECT OF AMENDMENT:

Eligibility income and asset limits for 2001.

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ OTHER, AS SPECIFIED:

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

*Karl B. Kurtz*

13. TYPED NAME:

KARL B. KURTZ

14. TITLE:

DIRECTOR

15. DATE SUBMITTED:

MARCH 21, 2001

16. RETURN TO:

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

MAR 22 2001

18. DATE APPROVED:

APR 20 2001

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JAN 1 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

*TERESA L. TRIMBLE*

22. TITLE:

ASSOCIATE REGIONAL ADMINISTRATOR  
DIVISION OF MEDICAID

23. REMARKS:

POSTMARKED: 3/20 ."  
(DATE)

BOISE  
(CITY/STATE)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State IDAHO

INCOME ELIGIBILITY LEVELS (Continued)

3. Aged and Disabled Individuals

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of section 1902(m)(1) of the Act are as follows:

Based on \_\_\_\_\_ percent of the official Federal income poverty line.

<u>Family Size</u>	<u>Income Level</u>
1	\$
2	\$
3	\$
4	\$
5	\$

If an individual receives a title II benefit, any amount attributable to the most recent increase in the monthly insurance benefit as the result of a title II COLA is not counted as income during the "transitional period" beginning with January, when the title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level. For individuals with title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.

For individuals not receiving title II income, the revised poverty levels are effective no later than the beginning of the month following the date of publication.

4. Special Income Level for Institutionalized Individuals

The income eligibility level for aged, blind and disabled individuals are institutionalized for at 30 consecutive days is:

NF/ICF-MR - \$1,590 effective 1/1/2001

TN No. 01-003  
Supersedes  
TN No. 00-001

Approval Date 4-25-01

Effective Date 01-01-01  
HCFA ID: 7985E

State: Idaho  
Standards for Optional State Supplementary Payments

Payment Category (Reasonable Classification)	Administered by Federal State	Income Level				Income Disregards Employed
		1 person Gross	Couple	1 person Net	Couple	
(1) Aged, Blind, Disabled - Living Independently, Including room and board paid to a parent, child or sibling	X	1,590	3,180	613*	896*	(5)
Aged, Blind, Disabled - Unlicensed Shelter Home	X	1,590	3,180	373	746	
Aged, Blind, Disabled - Room and Board	X	1,590	3,180	708	1,416	
Aged, Blind, Disabled - Semi-Independent Group Residential Facility	X	1,590	3,180	708	1,416	
Aged, Blind, Disabled - Residential and Assisted Living Facility and Certified Family Home	X	1,590 1,590 1,590	3,180 3,180 3,180	850 917 985	1,700 1,834 1,970	
Level I Level II Level III						

\* Includes \$50 Special Needs  
Allowance for each personTN No. 01-003  
Supersedes  
TN No. 00-001Approval Date 4-25-01Effective Date 01-01-01

STATE: IDAHO

INCOME LIMITS BY LIVING SITUATION		Medicaid Income Limit
Living Situation		
INDEPENDENT		\$563 - \$563 Basic Allowance \$796 - \$796 Basic Allowance
Single Couple		
ROOM AND BOARD (Not Paid to Parent, Child or Sibling)		\$708 - \$67 Basic Allowance plus \$641 Room and Board Allowance
SEMI-INDEPENDENT GROUP RESIDENTIAL FACILITY		\$708 - \$349 Basic Allowance plus \$359 Semi-Independent Group Residential Facility Allowance
CERTIFIED FAMILY HOME and RESIDENTIAL (CFH) AND ASSISTED LIVING FACILITY (RALF)		Level I \$850 - \$67 Basic Allowance plus \$783 CFH/RALF Allowance Level II \$917 - \$67 Basic Allowance plus \$850 CFH/RALF Allowance Level III \$985 - \$67 Basic Allowance plus \$918 CFH/RALF Allowance

TN No. 01-003  
Supersedes  
TN No. 01-001

Approval Date: 4-25-01

Effective Date: 01-01-01

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Idaho

Section 1924 Provisions

- A. Income and resource eligibility policies used to determine eligibility for institutionalized individuals who have spouses living in the community are consistent with 1924.
- B. In the determination of resource eligibility, the State resource standard is \$ 17,400

Spousal Impoverishment, Section 1924(c)(3)(C)

An institutionalized spouse who (or whose spouse) has excess resources shall not be found ineligible under title XIX of the Social Security Act, per section 1924(c)(3)(C), where the State determines that denial of eligibility on the basis of having excess resources would work an undue hardship.

TN No. 01-003  
Supersedes  
TN No. 00-001

Approval Date 4-25-01

Effective Date 01-01-01

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

ATTACHMENT 2.2-A  
Page 20  
OMB NO.: 0938-

State/Territory IDAHO

Agency\* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy  
(Continued)

- 1902(e)(3)  
of the Act
- /X/ 13. Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid under the plan if they were in a medical institution, and for whom
- the State has made a determination as required under section 1902(e)(3)(B) of the Act.  
\*Medical institution  
Supplement 3 to ATTACHMENT 2-A describes the
- method that is used to determine the cost effectiveness of caring for this group of disabled children at home.
- IV-A  
1902(a)(10)  
(A)(ii)(IX)  
and 1902(1)  
of the Act
- / / 14. The following individuals who are not mandatory categorically needy whose income does not exceed the income level (established at an amount above the mandatory level and not more than 185 percent of the Federal poverty income level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size, including the woman and unborn child or infant and who meet the resource standards specified in Supplement 2 to ATTACHMENT 2.6--A:
- a. Women during pregnancy (and during the 60-day period beginning on the last day of pregnancy); and
- b. Infants under one year of age.

\*Agency that determined eligibility for coverage

TN No. 01-003  
Supersedes  
TN No. 98-006

Approval Date 4-25-01 Effective Date 01-01-01

HCFA ID: 7983E